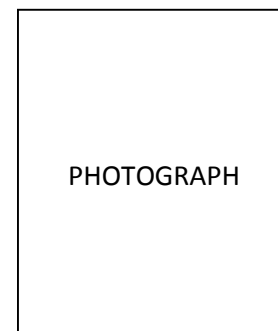




INDIAN PHARMACOPEIA COMMISSION
(Ministry of Health & Family Welfare, Government of India)
**Application for Nomination as Member of Scientific
Committees/Scientific Body**



Full Name of the Applicant : Dr./Mr./Mrs. :

Date of Birth :
Day Month Year

Father's/Husband's Name :

Nationality :

Complete address for correspondence :
.....
.....
.....Pin code:
.....

Email ID:

Mobile:

Landline:

| Qualifications with specialisation | | | | | |
|---|-------------|---------------------|-----------------|--------------------------|------------------------------|
| S.No. | Exam Passed | Percentage of Marks | Year of Passing | University/ Institute | Subject(s) of Specialization |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Professional Experience
in Research/Industry/Academics (Describe briefly)**

| Name of Employer | Post Held | Period | | Key Job Responsibilities |
|--|-----------|--|----|---|
| | | From | To | |
| | | | | |
| Please specify the Contribution/Achievements in following Areas (including National / International Award Won, Professional fellowship received, Contribute as member of Scientific Committees , Visit Abroad for Pursing Professional Interest) | | | | |
| Research (Paper Published, Patents and Research Project Handled) | | Industry (Research and Development Work including Projects) | | Academics (Participation in Research & Professional training as resource person / Number of Ph.D Student Guided) |
| | | | | |

Please Provide the Two References
(Please indicate name, designation, Email ID & Mobile no.)

1:-

2:-

Please indicate the strengths on the basis of which you would like to be considered as an expert (Please submit as write-up not exceeding 500 words on as separate sheet)

DECLARATION

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belied. I understand that action can be taken against me for any incorrect information.

Date:

Signature of the Applicant

Place: